

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/049296
APPLICANT(S)

FILING DATE

AS FILED		CLAIMS			
	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	/	/			
2	/	/			
3	2	/			
4	0	/			
5	0	/			
6	0	/			
7	0	/			
8	0	/			
9	0	/			
10	0	/			
11	0	/			
12	0	/			
13	0	/			
14	0	/			
15	0	/			
16	/	/			
17					
18				/	
19				/	
20				/	
21				/	
22				/	
23				/	
24				/	
25				/	
26				/	
27				/	
28				/	
29				/	
30				/	
31				/	
32				/	
33				/	
34				/	
35				/	
36				/	
37				/	
38				/	
39				/	
40				/	
41				/	
42				/	
43				/	
44				/	
45				/	
46				/	
47				/	
48				/	
49				/	
50				/	
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS